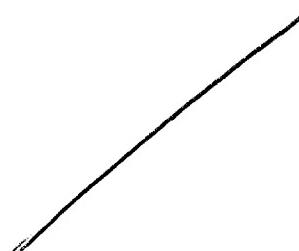


TRANSMITTAL SLIP		DATE
TO:		<i>OTS/CB</i>
ROOM NO.	BUILDING	
REMARKS		
		
FROM:		
ROOM NO.	BUILDING	EXTENSION